



Medicines optimisation is a patient-centred approach. It focuses on gaining the most benefit for patients from their medicines. It is all about talking with, and listening to patients, having honest discussions with them and truly making them part of the decision in relation to their medicines and the use of their medicines. It is about understanding a patients' goals and aspirations, which may be different from the outcomes the NHS would like to see, listening to their concerns and beliefs about medicines and about stopping or reducing medicines as well as starting new ones.

Regardless of which sector you work in, taking a patient-centred approach to optimising medicines and improving patient care should be a priority.

What am I already doing to support medicines optimisation?

- You may be involved in the development of patient information leaflets (PIL) which provide valuable information to patients about their medicines. Consider how the PIL may affect a patient's motivation levels.
- You may provide information and support to patients when they contact your organisation with questions about their medicine or their disease or condition. Consider what resources patients are using to seek information about medicines and what the pros and cons are for each of these.
- You signpost patients to their pharmacist or other healthcare professional to obtain more personalised information about their medicine. Do you provide information about medicines to pharmacists and other healthcare professionals that helps them in their interaction with patients?
- You may be providing education and training to healthcare professionals on medicines and management of clinical conditions. You have the opportunity to spread the messages on Medicines optimisation.
- You could be involved in the formulation of the medicine to ensure it is suitable for the target audience, which improves patient adherence. Different patient populations may need different formulations.
- You may be involved in the design of packaging which can play an important role in medicines safety and adherence. Consider the extent to which the design of the package supports or hinders patients' use of that medicine.
- You may be involved in the manufacture, regulation and promotion of medicines which improve quality of life or outcomes for patients.
- You may be involved in the production of devices that help patients to use their medicines.
- You may be involved in providing education on medicines optimisation or other key skills, such as communication skills for pharmacists and other healthcare professionals.

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What am I already doing to support medicines optimisation? (cont.)

- You may be involved in service redesign which enables more patients to receive treatment and support from healthcare professionals with their medicines. Consider how you can share the learning about how these new medicines optimisation services can be commissioned.
- You may be involved in clinical trials where you ensure the relevant information is gathered in order to provide adequate information to patients, prescribers and other healthcare professionals.
- You may have a role in compiling and disseminating safety data from non-interventional programmes.
- If you have a signatory role in relation to the ABPI code of practice for the pharmaceutical industry, consider materials intended to optimise the use of medicines.
- You may run or design studies that provide evidence of the value of medicines and improved patient outcomes.

What more could I do?

- Consider providing a selection of information and tools for pharmacists to help them engage in supporting patients' understanding on how to get the most out of their medicines.
- Think about names and packaging when developing new medicines in relation to avoiding the use of similar names and packaging. Consider the use of distinguishing features on packaging such as the use of colour and different fonts to create distinction and hence, prevent dispensing errors and patient confusion. Ensure packaging is child-proof but not patient-proof and, wherever possible, involve patients in the design process.
- Consider how you could better support patient groups with general information about their medicines and how you could make patient information leaflets more user friendly. Consider how your organisation could facilitate group work to bring about better understanding and overcome any misconceptions about how to use medicines and get the most from them.
- Do you have a role in assisting the management of patient expectation, for example, the use of antibiotics?
- Explore how the data you hold about your medicines could be better used for population health and in identifying patient groups that benefit the most from a particular medicine. For example, how could the pharmaceutical industry support "find and treat screening programmes" and risk stratification?
- Can you help and encourage the collection and use of "real time" data? Could you engage in research that shows the importance of information that demonstrates a patients' current state of health in order to intervene before the patient deteriorates to the point where he or she needs hospital care?

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What more could I do? (cont.)

- Encourage your organisational representatives to not only focus on prescribers, but also other members of the healthcare team, such as pharmacists, nurses and other allied healthcare professionals. Consider how the pharmaceutical industry could encourage team working and improved communication about important aspects of medicines use between pharmacists and other clinicians.
- Think about how you can spread the key messages of medicines optimisation to the audiences you engage with. How can the pharmaceutical industry market medicines optimisation as a concept and encourage engagement by all providers?
- Could trials be more reflective of 'real patients'? How can the proven benefits of medicines use, demonstrated in clinical trials, be replicated in real world settings?
- Could you increase education and training to all healthcare professionals involved in the patient pathway around disease management and new treatment development? Consider how your organisation could support this by aligning with Local Education and Training Boards (LETBs).
- Consider how you can create opportunities for healthcare professionals and pharmacists working in different sectors to exchange information on MO whilst striking the right balance between respecting patients' need for confidentiality and supporting communication of medication histories.
- Listen to what healthcare professionals are saying about MO and where possible incorporate the information into product strategies and plans, for example, does there need to be more support for MO in patient's homes due to enhanced early discharge?
- Could you provide assistance to support the development and redesign of patient pathways to ensure patients receive appropriate treatment and support for MO? How can you support audit to ensure medicines are correctly positioned in the treatment of long term conditions?
- Think about how you can encourage joint working between the NHS and pharmaceutical industry to gather information from 'real world' studies and patient reported outcomes measures. How can you work with the NHS to understand patients' attitudes and beliefs about medicines?
- Consider how you can support and encourage pharmacists in all sectors to undertake and present research on MO. How can the pharmaceutical industry be involved to support shared learning so that services can develop which iterate and evolve as we learn what works in practice and what doesn't?

How can I work with my pharmacy colleagues to support the patient?

Pharmacists, as a profession, are unique in that they see the medicine across the whole of the medicine pathway – from development to supply to the patient. However, medicines optimisation means that the pathway doesn't stop at the point of supply and considers how patients use their medicines in practice, including short and long term outcomes.

Reflection

- Did I contribute to the evidence base for medicines optimisation?
- Am I aware of the latest NICE guidance and Quality Standards?
- Did I record any data to contribute to the evidence base around medicines optimisation?
- Have I engaged with carers and patient groups?
- Have I engaged with other pharmacists in my organisation to share good practice?
- How do I share any learning or best practice findings? Am I involved with my local networks such as LPFs and LPNs?
- Am I involved in the spread and adoption of good practice and innovation? Am I part of my local AHSN?
- On reflection were there opportunities to apply the principles to my practice that I may have missed?

Why should I deliver medicines optimisation?

- It provides you with a chance to have a positive impact on a person's health and quality of life
- You will be positively involved in patient safety, medicines adherence and preventative care
- You will empower patients to better self manage their condition(s)
- It provides you with an opportunity to support effective medicines use and minimise medicines waste
- You will be playing an active role in your profession by providing the evidence base and data required to optimise the use of medicines.

How will my professional leadership body support me to deliver MO?

- We will work with the other professional bodies and Royal Colleges to support the understanding of medicines optimisation across all health and care professionals
- We will particularly work with employers and other pharmacy organisations to ensure the environment is right to enable delivery of medicines optimisations services
- We will liaise with national bodies such as NHS England and NHS Employers on how the contract could change to enable better delivery of medicines optimisation
- We will work with NHS Improving Quality to look at innovative ways of delivering medicines optimisation
- We will work with social care organisations to explore how medicines optimisation can be delivered in social care settings
- We will appraise and assess knowledge and skills of pharmacists via the RPS Faculty

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How will my professional leadership body support me to deliver MO? (cont.)

We are all aware that the NHS spends significant amounts of money on medicines each year; in 2012 the NHS invested £13.8 billion pounds across the UK. We also know that 30-50% of patients don't take their medicines as intended; however it is not always appreciated that of these 45% take a decision not to take their medicines as prescribed. The reasons for non-adherence are multi and complex such as concerns about the medicines, perceptions that the medicine is unnecessary, financial worries, forgetfulness, religious or cultural beliefs, depression, inability to follow instructions etc. Non-adherence can lead to ill-health, poor quality of life, loss of productivity and a waste of NHS resources that is simply unacceptable.

Additional reading

1. [RPS medicines optimisation webpages](#) which contains the following resources:
 - a. Helping patients to make the most of medicines Good practice guidance for healthcare professionals in England
 - b. How to make the most of your medicines – guidance for patients
 - c. Examples of medicines optimisation services and activities
 - d. Medicines optimisation – the evidence in practice
 - e. Medicines optimisation – the evidence in practice presentation
 - f. Medicines optimisation briefings for the different sectors of pharmacy
2. [RPS guidance Keeping patients safe when they transfer between care providers – getting the medicines](#)
3. [RPS map of evidence which has examples of good practice across the country](#)